

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit::  
Sequence submission?::  
Computer Readable Form  
(CRF)?::  
Title:: ARTICULATION NAVIGATION EQUIPMENT  
FOR DENTAL SURGERY  
Attorney Docket Number:: F-8487  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 22  
Small Entity:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Yasuo  
Middle Name::  
Family Name:: KOTSUCHIBASHI  
City of Residence:: Yokohama-shi  
State or Province of  
Residence:: Kanagawa  
Country of Residence:: Japan

Street of Mailing Address:: c/o Bear Dental Laboratory Co.,  
Ltd.,  
2-5-10 Shin-ishikawa, Aoba-ku

City of Mailing Address:: Yokohama-shi

State or Province of Mailing  
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of  
Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Takako

Middle Name::

Family Name:: KOTSUCHIBASHI

City of Residence:: Yokohama-shi

State or Province of  
Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Bear Dental Laboratory Co.,  
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State or Province of Mailing  
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of  
Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Sunao  
Middle Name::  
Family Name:: KOTSUCHIBASHI  
  
City of Residence:: Yokohama-shi  
State or Province of Residence:: Kanagawa  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Bear Dental Laboratory Co.,  
Ltd.,  
2-5-10 Shin-ishikawa, Aoba-ku  
City of Mailing Address:: Yokohama-shi  
State or Province of Mailing Address:: Kanagawa  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Atsushi  
Middle Name::  
Family Name:: KOTSUCHIBASHI  
  
City of Residence:: Yokohama-shi

State or Province of  
Residence:: Kanagawa  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Bear Dental Laboratory Co.,  
Ltd.,  
2-5-10 Shin-ishikawa, Aoba-ku  
City of Mailing Address:: Yokohama-shi  
State or Province of Mailing  
Address:: Kanagawa  
Country of Mailing Address:: Japan  
Postal or Zip Code of  
Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Makoto  
Middle Name::  
Family Name:: KOTSUCHIBASHI

City of Residence:: Yokohama-shi  
State or Province of  
Residence:: Kanagawa  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Bear Dental Laboratory Co.,  
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2-5-10 Shin-ishikawa, Aoba-ku  
City of Mailing Address:: Yokohama-shi  
State or Province of Mailing  
Address:: Kanagawa  
Country of Mailing Address:: Japan

Postal or Zip Code of  
Mailing Address::

**Correspondence Information**

Correspondence Customer

Number:: 000028107

**Representative Information**

Representative Designation::	Registration number::	Name::
Primary	22,389	C. Bruce Hamburg

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2004/007539	05/26/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2003-197454	06/12/03	Yes
Japan	2004-088244	03/25/04	Yes
Japan	2004-098414	03/30/04	Yes